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Bib Data Sheet

CONFIRMATION NO. 7331

<b>SERIAL NUMBER</b> 10/054,068	<b>FILING OR 371(c) DATE</b> 01/22/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> CCX-103US2
<b>APPLICANTS</b> David Boyd Melvin, Loveland, OH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/326,416 06/04/1999 PAT 6,520,904 which is a CIP of 09/316,611 05/21/1999 ABN which is a CIP of 09/165,887 09/30/1998 PAT 6,221,103 which is a CIP of 08/581,914 01/02/1996 PAT 5,957,977				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/27/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 31
				<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> DR. DAVID B. MELVIN CARDIOENERGETICS, INC 3130 HIGHLAND AVENUE, 3RD FLOOR CINCINNATI ,OH 45219-2374				
<b>TITLE</b> Device and method for restructuring heart chamber geometry				
<b>FILING FEE RECEIVED</b> 763	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	